2019 Quarter 2 Provider Packet
Provider Visit Form

Provider Name:_____ **Date of Visit:**_____

PCP____ Specialist____ CBAS____ Home Health____ SNF____ Ancillary____ Other____

PACKET INCLUDES:

- 2019 Quarter 2 Provider Visit Form
- Vendor Disclosure of Ownership Form
- Podiatry Services Update
- Provider Demographic Attestation Form
- Required: 2 Question/5-Minute Survey
- Interpreter Services – Appointment Request Form
- Interpreter Services – Changes in Process
- Reading the Alliance Statement of Remittance
- 2019 Pay-for-Performance (P4P) Program Quarterly Opioid Education
- Food as Medicine Program Comes to Oakland
- Tobacco Cessation Counseling and Tracking
- Local Breastfeeding Resources

☐ Accepting New Patients ☐ Accepting Existing Patients ☐ Not Accepting Patients

Comments: _____

_____

_____

Provider/Office Staff Signature: _____

Provider/Office Staff Print: _____

Vendor Disclosure of Ownership Form

I. Instructions

This form must be completed and submitted to Alameda Alliance for Health (Alliance) by all providers and subcontractors. A new Disclosure Form is required and must be submitted in the event of renewal or extension of the contract or within 35 days after any information in your original form has changed. This Disclosure Form is to be completed to ensure compliance with government program requirements pertaining to: (1) disclosure of ownership, control and management; and (2) exclusions of individuals and entities from government programs as set forth in your contract with the Alliance and the Alliance's administrative requirements.

The disclosure, reporting, and exclusion requirements apply to partnerships on both non-profit and for-profit corporations, including without limitation limited liability companies. Governmental entities, such as counties organized as corporations are required to complete all sections of this Disclosure Form. Counties that are not organized as corporations are only required to complete Sections II, III, and VI of the Disclosure Form. The definitions are based on law, regulation, and instructions from regulatory authorities.

Important Note: For the purposes of this Disclosure Form, the term "Person with an Ownership or Control Interest" is not limited to persons or corporations with an ownership interest. For example, it also includes:

- **(I) Officers and individual board members of for-profit and non-profit corporations, including without limitation limited liability companies; and**
- **(II) Partners of a partnership, including without limitation limited liability partnerships.**

See Section VII for a complete definition of "Person with an Ownership or Control Interest" as well as definition of other key terms such as "Managing Employee," "Provider," and "Agent."

Please complete this Disclosure Form whether or not you have any information to report. If more space is needed, please attach additional information on a separate page.

For assistance in completing this Disclosure Form, please reference the Definitions provided under Section VII.

II. Identifying Information

LEGAL NAME ACCORDING TO THE IRS	DBA (Doing Business As), if applicable		
ADDRESS			NPI/UMPI
CITY	STATE	ZIP CODE	OFFICE PHONE NUMBER
FEDERAL EMPLOYER ID (FEIN)	TAX ID		

III. Structure

Check the entity type that describes your structure:

☐ Sole Proprietorship	☐ Partnership	☐ Other Partnership (i.e., LP, LLP, LLLP)	☐ Limited Liability Co.
☐ For Profit Corporation	☐ Non-Profit Corporation	☐ Public Corporation	☐ State
☐ Incorporated County	☐ Unincorporated County (You may advance to Section VI for Certification)		☐ Other

IV. Ownership, Control and Management Information

A. Please provide the following information for each **Managing Employee** and **Person or Entity with an Ownership or Control Interest** in your business, and any Sub-Subcontractor in which you have direct or indirect ownership of 5% or more. All applicable fields must be completed. The date of birth and social security number (SSN) are required if a *person's* name is provided, and the federal employer identification (FEIN) number is required if an *entity's* name is provided. A non-profit entity must disclose all required information applicable to the entity. Please review the definitions in Section VII.

No.	Full Legal Name and Title	Address Individuals – list home address Entities – list primary business address, every business location and P.O. Box	Date of Birth	SSN or FEIN	% Ownership Interest, if applicable
1.					
2.					
3.					

B. If any Person with an Ownership or Control Interest listed in subsection IV (A) is related to another Person with an Ownership or Control Interest listed in subsection IV (A) as a spouse, child or sibling, please provide the following information. If no such relationship exists, please indicate this with an "N/A."

No.	Full Legal Name and Title	SSN	Name of Person Related To	Related Person's SSN	Relationship
1.					
2.					
3.					

C. For each Person with an Ownership or Control Interest listed in subsection IV (A) who also has an ownership or control interest in a disclosing entity other than that indicated in subsection IV (A), please provide the following information. If no such ownership exists, please indicate this with an "N/A."

No.	Full Legal Name and Title	Address	Date of Birth	SSN or FEIN	% Ownership Interest
1.					
2.					
3.					

V. Excluded Individuals or Entities

A. Are there any of your employees, Persons or Entities with an Ownership or Control Interest in your business, or any of your Managing Employees, Affiliates, or Agents who are or have ever:

- Been excluded from participation in Medicare, any of the State health care programs, or Federal health care program under sections 1128 and 1128A of the Social Security Act?

☐ Yes ☐ No

- Been convicted of a criminal offense related to that person's involvement in any program under Medicare, Medicaid, Title XX, or Title XXI in California or any other state or jurisdiction since the inception of these programs?

☐ Yes ☐ No

- Had civil money penalties or assessments imposed under Section 1128A of the Social Security Act (that is, federal fraud and abuse law civil monetary penalty provisions)?

☐ Yes ☐ No

- Entered into a settlement in lieu of conviction involving fraud or abuse of any government program?

☐ Yes ☐ No

- Been debarred, suspended, or otherwise excluded for participating in procurement activities under the Federal Acquisition Regulation or from participating in nonprocurement activities under regulations issued under Executive Order No. 12549 or under guidelines implementing Executive Order No. 12549.

☐ Yes ☐ No

B. Do you have any agreements for the provision of items or services related to the Alliance's obligations under its contracts with the State or the Centers for Medicare and Medicaid Services (CMS) with an individual or entity who: (i) has been excluded from participation in Medicare or any of the State health care programs; (ii) has been convicted of a criminal offense related to that person's involvement in any program under Medicare, Medicaid, Title XX, or Title XXI in California or other state or jurisdiction since the inception of those programs; or (iii) had civil money penalties or assessments imposed under Section 1128A of the Social Security Act?

☐ Yes ☐ No

If you answered "Yes" to any of the above questions, list the name and the social security number (SSN) or federal employer identification number (FEIN) of the individual or entity, and reason for answering "Yes" (i.e., conviction of a criminal offense related to involvement in, or exclusion from participation in, Medicare, Medicaid, or other federally funded government health care programs, or imposition of civil money penalties or assessments under Section 1128A of the Social Security Act).

No.	Full Legal Name	SSN or FEIN	Reason
1.			
2.			
3.			
4.			

VI. Certification

I am authorized to bind the entity named in this document and I certify that the above information is true and correct. I will notify the Alliance of any changes to this information as outlined in Section I.

NAME (print)	TITLE
SIGNATURE	DATE
EMAIL ADDRESS	

Return a completed, signed Disclosure Form to the Alliance as follows:

Please print single-sided and fax the completed form to the Alliance Provider Services Department:
Fax: **1.855.891.7257**

You may also mail the form to:
Alameda Alliance for Health
ATTN: Provider Services Department
1240 South Loop Road
Alameda, CA 94502

If you have any questions, please contact the Alliance Provider Services Department:
Phone Number: **1.510.747.4510**
Email: **deptproviderrelations@alamedaalliance.org**

VII. Definitions

For the purpose of this disclosure, the following definitions apply:

1. **Act** means the Social Security Act.

2. **Affiliate** means associated business concerns or individuals if, directly or indirectly:
   A) Either one controls or can control the other; or
   B) A third party controls or can control both.

3. **Agent** means any person who has been delegated the authority to obligate or act on behalf of the Provider or Subcontractor.

4. **Disclosing Entity** means a Medicaid provider (other than an individual practitioner or group of practitioners), or a fiscal agent. For purposes of this Disclosure Form, Disclosing Entity shall also include Provider, Other Disclosing Entity, Subcontractor, and Sub-Subcontractor.

5. **Other Disclosing Entity means** any other Medicaid disclosing entity and any entity that does not participate in Medicaid, but is required to disclose certain ownership and control information because of participation in any of the programs established under title V, XVIII, or XX of the Act. This includes:

   A) Any hospital, skilled nursing facility, home health agency, independent clinical laboratory, renal disease facility, rural health clinic, or health maintenance organization that participates in Medicare (Title XVIII);
   B) Any Medicare intermediary or carrier; and

C) Any entity (other than an individual practitioner or group of practitioners) that furnishes or arranges, for the furnishing of, health-related services for which it claims payment under any plan or program established under title V or title XX of the Act.

6. **Managing Employee** means an individual (including a general manager, business manager, administrator, or director) who exercises operational or managerial control over the Provider or Subcontractor, or part thereof, or who directly or indirectly conducts the day-to-day operations of the Provider or Subcontractor, or part thereof.

7. **Person or Entity with an Ownership or Control Interest** means a person or corporation that:
   A) Has an ownership interest, directly or indirectly, totaling 5% or more in the Provider or Subcontractor;
   B) Has a combination of direct and indirect ownership interests equal to 5% or more in the Provider or Subcontractor;
   C) Owns an interest of 5% or more in any mortgage, deed of trust, note, or other obligation secured by the Provider or Subcontractor, if that interest equals at least 5% of the value of the property or assets of the Provider or Subcontractor;
   D) Is an officer or director of Subcontractor or a Provider organized as a corporation (this includes officers and individual board members of for-profit and non-profit corporations, including without limitation limited liability companies); or
   E) Is a partner in a Provider organized as a partnership, including without limitation limited liability partnerships.

8. **Provider** means an individual or entity that: A) is engaged in the delivery of health care services and is legally authorized to do so by the state in which the individual or entity delivers services; and B) has entered into an agreement with the Alliance to provide health care services to Alliance members, including members enrolled through the Alliance's contracts with the State. For purposes of this disclosure, "Provider" also means a vendor providing non-health care services through an agreement with the Alliance to members enrolled through the Alliances' government program contracts with the State, provided those services are significant and material to the Alliance's obligations under the respective government program contract.

9. **State** means the California Department of Health Care Services (DHCS).

10. **Subcontractor** means an individual, agency, or organization that has a contract with the Alliance that relates directly or indirectly to the performance of the Alliance's obligations under its contract with the State. A network provider is not a subcontractor by virtue of the network provider agreement with the Alliance.

11. **Sub-subcontractor** means:
   A) An individual, agency, or organization to which a Disclosing Entity has contracted or delegated some of its management functions or responsibilities of providing medical care to its patients; or
   B) An individual, agency, or organization with which a fiscal agent or Disclosing Entity has entered into a contract, agreement, purchase order, or lease (or leases of real property) to obtain space, supplies, equipment, or services provided under the Medicaid agreement.

Podiatric Services Update

Alameda Alliance for Health (Alliance) values our dedicated provider partner community. We are committed to continuously improving our provider and member customer satisfaction.

This is a reminder that podiatric services are subject to your Alliance member patient's eligibility at the time of service. Podiatric office visits are covered as medically necessary and billed under the following CPT codes: 99201, 99202, 99203, 99211, 99212, and 99213. Authorization for podiatric services is limited to medical and surgical services necessary to treat disorders of the feet, ankles or tendons that insert into the foot; that are secondary to or complicating chronic medical diseases; or that significantly impair the ability to walk.

Podiatric services are subject to **two (2)** visits per month at a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC). The first **two (2)** visits do not require prior authorization (PA) for any provider in the Alliance network located in or outside of an FQHC or RHC setting. Any additional visits require a PA and follow the standard process using our PA form.

Effective Friday, March 1, 2019, the Alliance allows medically necessary services outside of an FQHC to one of our in-network providers. Non-FQHC and/or non-RHC providers would be subject to the same rules as services rendered in an FQHC or RHC.

The Alliance does not require PA for emergent or urgent services. To obtain a PA for non-emergent or non-urgent services, please contact the Alliance Utilization Management (UM) Department at **1.510.747.4540**. To submit an inquiry via our e-fax line, please dial **1.855.891.7174**.

The Alliance maintains and publishes a list of services that require PA. The list is available on the Alliance website at **www.alamedaalliance.org/providers/medical-management**.

Requests are reviewed based on the Alliance's policies, and established practices for medical necessity. The Alliance does not accept non-emergent or non-urgent services that require PA after the date of service. For information on our complete retrospective review policy, please refer to the Alliance Provider Manual.

Questions? Please call the Alliance Provider Services Department
Monday – Friday, 7:30 am – 5 pm
Phone Number: **1.510.747.4510**
www.alamedaalliance.org

Provider Demographic Attestation Form

INSTRUCTIONS:

1. Please print clearly.
2. Please return form by fax to Alameda Alliance for Health (Alliance)
   Fax Number: **1.855.891.7257**

For questions, please call the Alliance Provider Services Department at **1.510.747.4510**.

PROVIDER INFORMATION	
PROVIDER/CLINIC NAME	PROVIDER TAX ID
SITE ADDRESS	
MAIN PHONE NUMBER	FAX NUMBER
HOURS OF OPERATION	
CLINIC EMAIL ADDRESS	
LANGUAGES SPOKEN	ACCEPTING PATIENTS ☐ YES ☐ NO ☐ ONLY EXISTING

PROVIDER NAME	**PROVIDER NPI**	**IS THIS PROVIDER STILL AFFILIATED WITH THIS PRACTICE?**
		☐ YES ☐ NO
		☐ YES ☐ NO
		☐ YES ☐ NO
		☐ YES ☐ NO

Date Form Completed *(MM/DD/YYYY)*: _____ / _____ / _____

Notes:

Questions? Please call the Alliance Provider Services Department
Monday – Friday, 7:30 am – 5 pm
Phone Number: **1.510.747.4510**
www.alamedaalliance.org

C&O Reviewed 04/19

2019 Provider Appointment Availability Survey (PAAS) Communication

Alameda Alliance for Health (Alliance) values our dedicated provider partner community. We are committed to continuously improving our provider and member customer satisfaction.

The Alliance will be contacting our provider partners to complete the **2019 Provider Appointment Availability Survey (PAAS)** to assess the availability of routine and urgent appointments. All health plans in California are required to survey providers each year to help ensure appointments are offered in a timely manner. The results of this survey will help the Alliance better evaluate our member's access to provider services. Your provider office is contractually obligated to complete the survey. Please note that refusal to comply with the survey may result in a corrective action plan.

We ask that you complete the survey within five (5) business days of receipt. Any staff member who schedules appointments for the provider may complete the survey.

HOW TO RECOGNIZE THE SURVEY

In an effort to reduce call volume, the Alliance will first fax/email the survey to your office. The fax/email will begin as follows:

> ***"Please respond to this survey on or before [date]; otherwise, Alameda Alliance for Health will contact you via phone to complete this survey."***
>
> *"Thank you for participating in the 2019 Provider Appointment Availability Survey. Health plans are required by law to obtain information from their contracted providers regarding appointment availability. This survey is designed to assist Alameda Alliance for Health in assessing enrollee access to provider services Please respond to this survey no later than **five (5) business days** of this communication."*

If we do not receive a fax or email response within five (5) business days, we will call your office during normal business hours to complete the survey via phone using the following script:

> *"Hello. My name is _____. I'm calling on behalf of Alameda Alliance for Health to conduct the 2019 Provider Appointment Availability Survey. Health plans are required by law to obtain information from their contracted providers regarding appointment availability. This survey should take no more than five minutes. Are you the appropriate person to respond to survey questions regarding scheduling appointments?"*

TIMELY ACCESS REGULATIONS

All providers contracted with the Alliance are required to offer appointments within the following timeframes:

TIMELY ACCESS REGULATION* – APPOINTMENT AVAILABILITY STANDARDS	
APPOINTMENT TYPE:	**APPOINTMENT WITHIN:**
PRIMARY CARE PHYSICIAN (PCP) APPOINTMENT	
Non-Urgent Appointment	10 Business Days of Request
Initial OB/Gyn Prenatal Appointment	2 Weeks of Request
Urgent Appointment that *does not require* PA**	48 Hours of Request
Urgent Appointment that *requires* PA**	96 Hours of Request
SPECIALTY/OTHER APPOINTMENT	
Initial OB/Gyn Prenatal Appointment	2 Weeks of Request
Non-Urgent Appointment with a Behavioral Health Provider	10 Business Days of Request
Non-Urgent Appointment with a Specialist Physician	15 Business Days of Request
Non-Urgent Appointment with an Ancillary Service	15 Business Days of Request
Urgent Appointment that *does not require* PA**	48 Hours of Request
Urgent Appointment that *requires* PA**	96 Hours of Request
ALL PROVIDER WAIT TIME/TELEPHONE/LANGUAGE SERVICES	
After-Hours Telephone Access – services available 24 hours a day, 7 days a week	
Call Return Time	1 Business Day
In-Office Wait Times	Within 60 Minutes
Time to Answer Call	10 Minutes
Emergency Instructions - Ensure Proper Emergency Instructions	
Language Services – Services available 24 hours a day, 7 days a week	

* DMHC Regulations, Title 28 §1300.67.2.2(c)(5)

** PA = Prior Authorization

Interpreter Services Request – Changes in Process

Alameda Alliance for Health (Alliance) values our dedicated provider partner community. We are committed to continuously improving our provider and member customer satisfaction.

Beginning January 2019, the Alliance updated our interpreter services request process.

For a summary of changes, please see the table below:

INTERPRETER TYPE	HOW TO REQUEST	WHAT CHANGED
In-Person	Please complete and submit the Alliance Interpreter Services Appointment Request Form at least **five (5) days** in prior to the date of the appointment. To download the form, please visit: **www.alamedaalliance.org**	• Updated form must be received at least five (5) days in advance.
Over-the-Phone	Over-the-phone interpreter services can be requested at any time, 24 hours a day, and 7 days a week, by calling **1.510.809.3986**. *A form for advance notice may be submitted but not required.*	• Phone number
Video	Please complete and submit the Alliance Interpreter Services Appointment Request Form at least **five (5) days** in prior to the date of the appointment. *Only providers who have been set up for video interpreting in advanced will have access to this option. If you would like to be set up for these services, please call the Alliance Provider Services Department* at **1.510.747.4510**.	• No changes
Canceling an Interpreter	Please call the Alliance Provider Services Department **48 hours prior** to the appointment at **1.510.747.4510**.	• New cancellation policy

Thank you for helping our Alliance members patients receive interpreter services at all points of contact!

Questions? Please call the Alliance Provider Services Department
Monday – Friday, 7:30 am – 5 pm
Phone Number: **1.510.747.4510**
www.alamedaalliance.org

C&O Reviewed 04/19

Interpreter Services – Appointment Request Form

INSTRUCTIONS:

1. Please print clearly.
2. Fields with a (*) must be completed.
3. Forms must be submitted by fax at least **five (5) working days** prior to the date of the appointment.
4. Please return form by fax to Alameda Alliance for Health (Alliance)
   Fax Number: **1.855.891.7172**

For questions, please call the Alliance Provider Services Department at **1.510.747.4510**.

PATIENT INFORMATION		
*MEMBER NAME		*MEMBER DOB _____ / _____ / _____
*MEMBER ID NUMBER		MEMBER CONTACT PHONE NUMBER
INTERPRETER SERVICE TYPE (PLEASE CHECK ONLY ONE)		
☐ OVER-THE-PHONE INTERPRETING *(scheduling is optional)* ☐ VIDEO INTERPRETING *(if available at clinic location)* ☐ IN-PERSON INTERPRETING		*LANGUAGE PREFERENCES ☐ FEMALE ☐ MALE
APPOINTMENT DETAILS		
*APPOINTMENT DATE _____ / _____ / _____	*APPOINTMENT START TIME	*APPOINTMENT DURATION
PROVIDER/FACILITY NAME		PROVIDER SPECIALTY
PROVIDER ADDRESS (INCLUDE DEPARTMENT/FLOOR/SUITE)		
PLEASE DESCRIBE THE NATURE OF THE VISIT (CHEMO, RADIOLOGY, ETC.) AND JUSTIFICATION FOR INTERPRETER SERVICE TYPE.		
*NAME OF PERSON REQUESTING INTERPRETER		*PHONE NUMBER
*DATE SUBMITTED _____ / _____ / _____		

Over-the-phone interpreter services are available anytime, 24 hours a day, 7 days a week without an appointment by calling **1.510.809.3986**.

HED Revised 12/18
C&O Revised 04/19

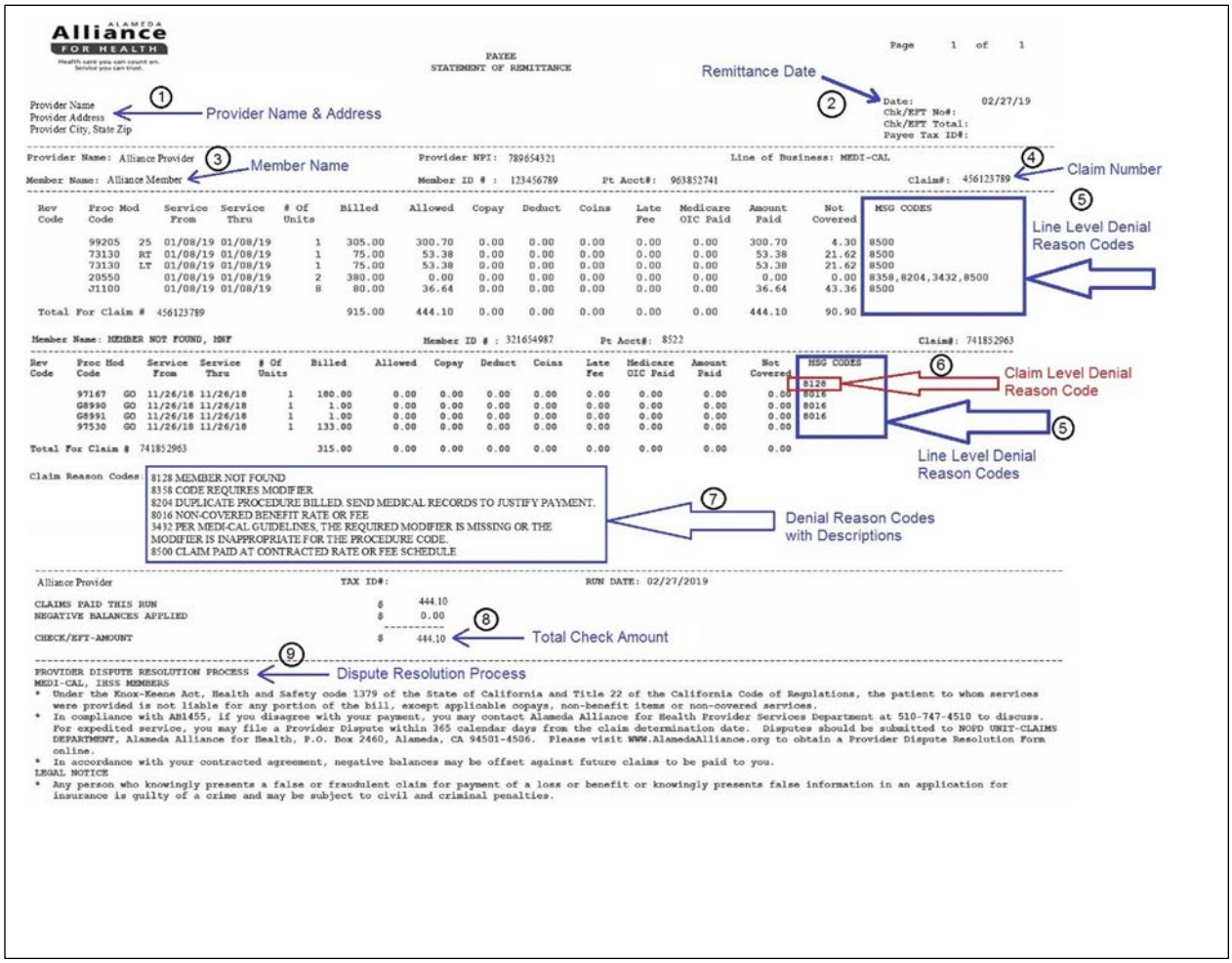
Reading the Alliance Statement of Remittance

Alameda Alliance for Health (Alliance) values our loyal community of providers and is committed to continuously improving our provider partner satisfaction.

As a part of the Alliance weekly check run, we provide a Statement of Remittance, which includes claims that were finalized (paid or denied) for that week. We are providing this communication to help our provider partners understand the information included on the Statement of Remittance.

Below is an example of the Alliance Statement of Remittance. This example provides a guide to help interpret your statements when reconciling the Alliance's claim payment. The statement may also inform you of any additional action that may be required on your part. The sample highlights some key components of the document and includes a line-by-line detailed explanation for each date of service, procedure code, and corresponding reason code(s) of adjudication.

The Statement of Remittance also provides you with instructions on how to file a dispute should you disagree with the reimbursement and adjudication decisions made by the Alliance.



Questions? Please call the Alliance Provider Services Department
Monday – Friday, 7:30 am – 5:30 pm
Phone Number: **1.510.747.4510**
www.alamedaalliance.org

CR, Revised 3/19

ALAMEDA Alliance FOR HEALTH

May 1, 2019

Re: Alliance Substance Abuse Stewardship Program

Dear Provider,

Alameda Alliance for Health (Alliance) values our dedicated provider partners, and we appreciate the care you provide to our patients and community.

The Alliance has implemented a substance abuse stewardship program that closely complements the CDC treatment guidelines. Our **Pay-for-Performance Program incentivizes the review of quarterly opioid education; attached is the Quarter 1, 2019 education.** While we only require an attestation asking you to review the documents, we find the information influential to the direction of Substance Abuse Disorder work in Alameda County and nationwide.

Attached, please find:

1. CA Dashboard – Opioid Overdose
2. Alameda County Dashboard – Opioid Overdose

The table below includes the step-wise approach for the program.
Key Points:

- Short acting opioids (SAOs) have a 14-day limit on their initial start.
- SAOs will continue to have step-wise quantity restriction limits.
- All long acting opioids (LAOs) require a concurrent prescription of naloxone and prior authorization (PA).
- Concurrent prescription of benzodiazepines and opioids require a PA, and a concurrent prescription of naloxone.

PROGRAM	2017	DEC 2017	JUNE 2018	DEC 2018	JUNE 2019**
"New Start" SAO Limits	None	None	None	14 days	14 days
SAO Quality Limit/Month	180 pills/30 days	180 pills/30 days	180 pills/30 days	90 pills/30 days*	60 pills/30 days
SAO Limited By	Drug	Drug	Drug	Drug	Drug
PA for All LAOs	No	Yes*	Yes	Yes	Yes
LAO Increase Limit	No	Yes*	Yes	Yes	Yes
Alprazolam Coverage	Yes	No*	No	No	No
Carisoprodol Coverage	Yes	No*	No	No	No
Clonazepam Limits	No	3 pills/day*	3 pills/day	3 pills/day	3 pills/day
Diazepam Limits	3 pills/day	3 pills/day	3 pills/day	3 pills/day	3 pills/day
Lorazepam Limits	No	3 pills/day*	3 pills/day	3 pills/day	3 pills/day
Oxazepam Limits	No	No	1 pill/day*	1 pill/day	1 pill/day

*Change occurred

Sincerely,

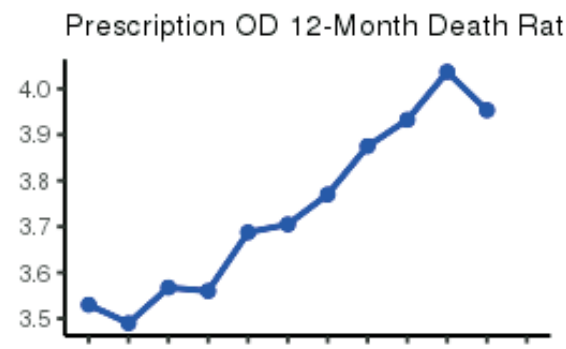
Sanjay Bhatt, MD MS MMM
Medical Director – Quality Improvement
Alameda Alliance for Health

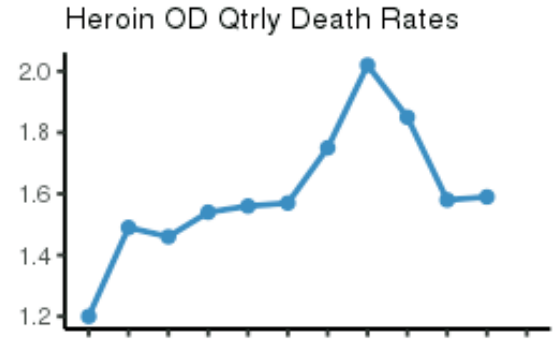
Prescription Drug Overdose Prevention Initiative

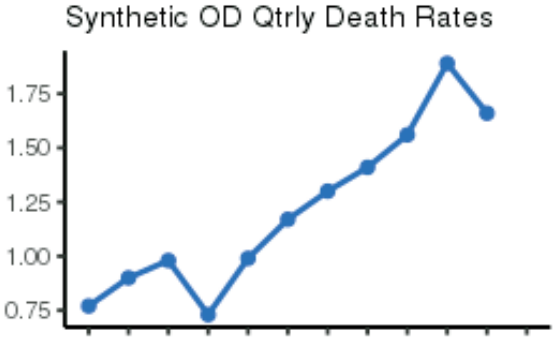
California Opioid Overdose Snapshot: 2015-Q4 to 2018-Q3

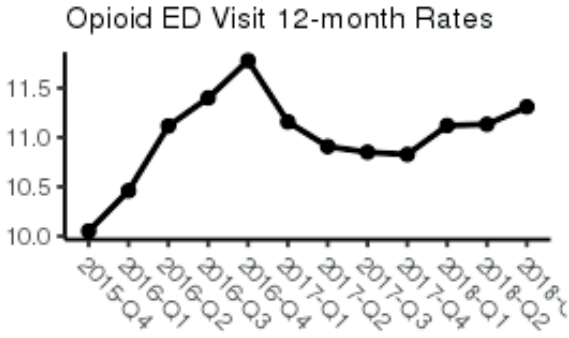
Report downloaded 03-13-2019

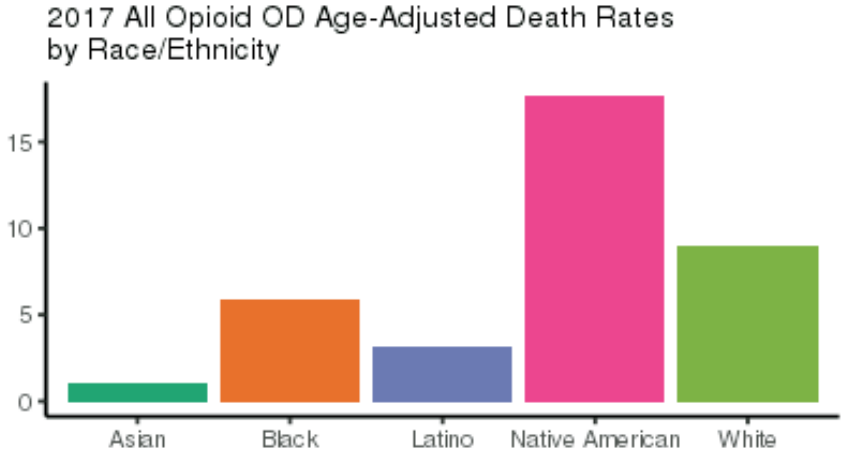
California experienced 2196 deaths due to all opioid-related overdoses in 2017, the most recent calendar year of data available. The annual crude mortality rate during that period was 5.5 per 100k residents. This represents a 9% increase from 2015. The following charts present 12-month moving averages and annualized quarterly rates for selected opioid indicators. The map displays the annual county level rates for all opioid-related overdoses. Synthetic overdose deaths may be largely represented by fentanyl.







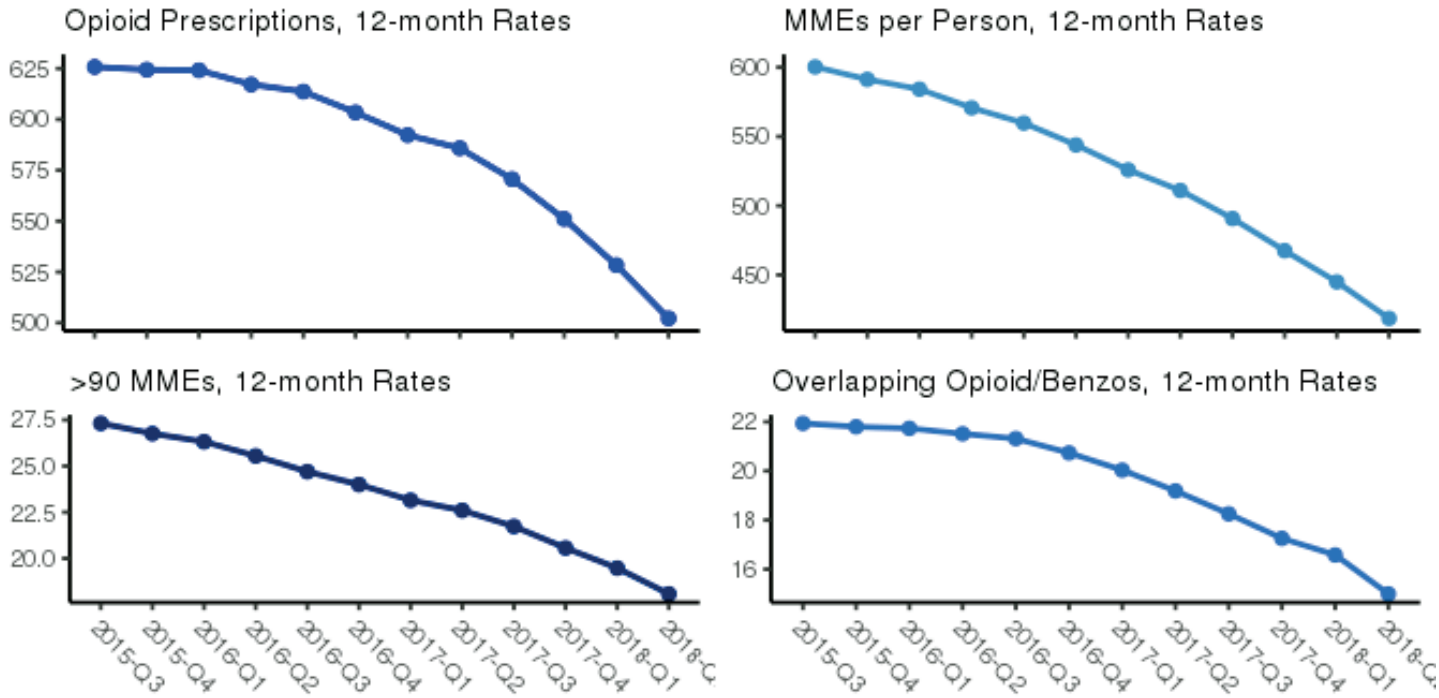




Footnotes: 12-month rates are based on moving averages; OD = Overdose; Qtrly = Annualized Quarter

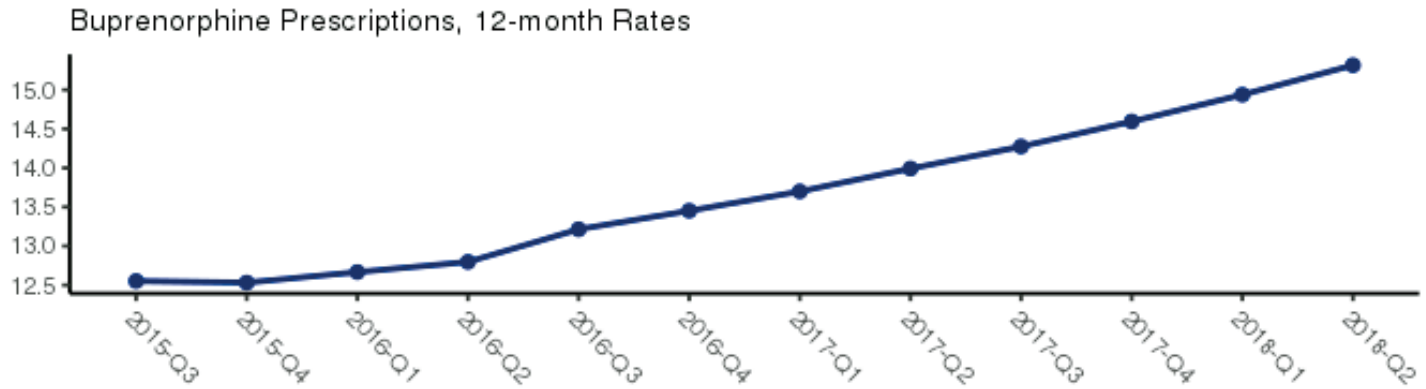
Prescribing

There were 21,787,042 prescriptions for opioids in California in 2017, excluding buprenorphine. The annual prescribing rate during that period was 528.4 per 1,000 residents. This represents a 15% decrease in prescribing from 2015. The following charts present the annualized quarterly prescribing rates, MMEs (morphine milligram equivalents) per person per year, high dosage rate (i.e. greater than 90 Daily MMEs in the quarter), and the opioid/benzodiazepine overlap rate during 2017.



Treatment

Buprenorphine prescriptions in the state are used to gauge the expansion of medication-assisted treatment (MAT). The annual buprenorphine prescribing rate in 2017 was 14.9 per 1,000 residents. This represents a 18% increase in buprenorphine prescribing from 2015.

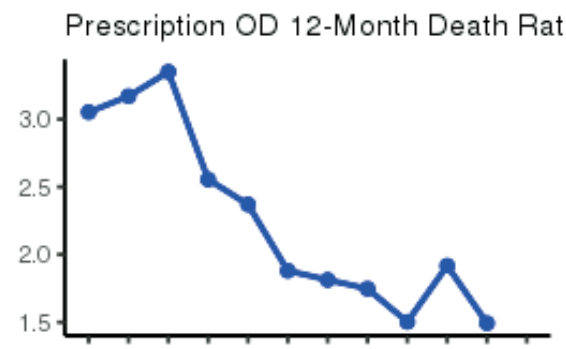


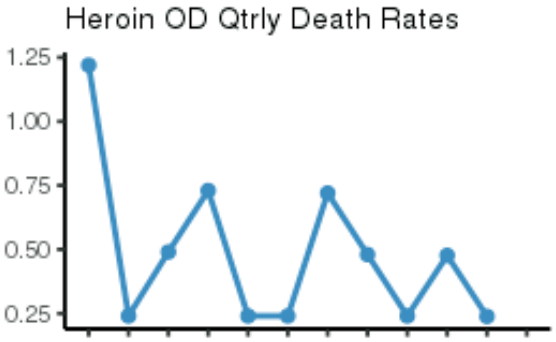
Footnotes: 12-month rates are based on moving averages; OD = Overdose; Qtrly = Annualized Quarter

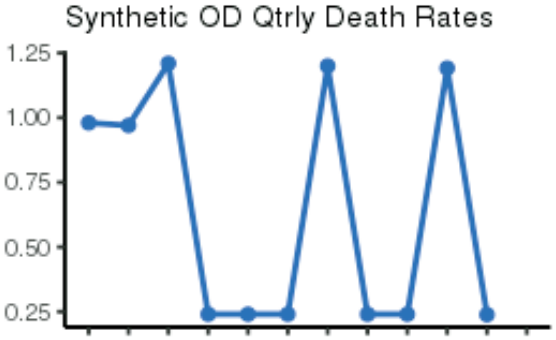
Alameda Opioid Overdose Snapshot: 2015-Q4 to 2018-Q3

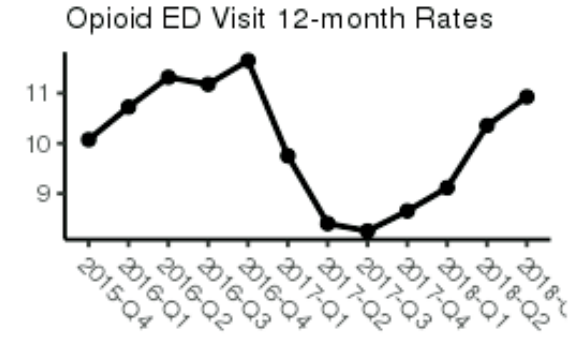
Report downloaded 03-13-2019

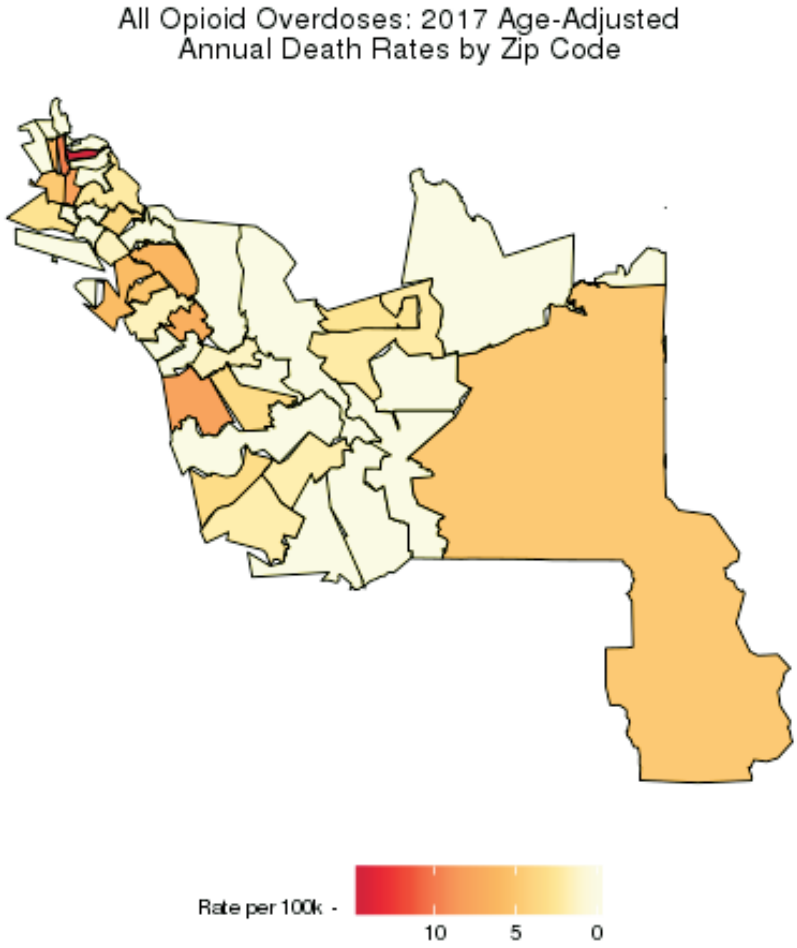
Alameda experienced 37 deaths due to all opioid-related overdoses in 2017, the most recent calendar year of data available. The annual crude mortality rate during that period was 2.2 per 100k residents. This represents a 38% decrease from 2015. The following charts present 12-month moving averages and annualized quarterly rates for selected opioid indicators. The map displays the annual zip code level rates for all opioid-related overdoses. Synthetic opioid overdose deaths may be largely represented by fentanyl.

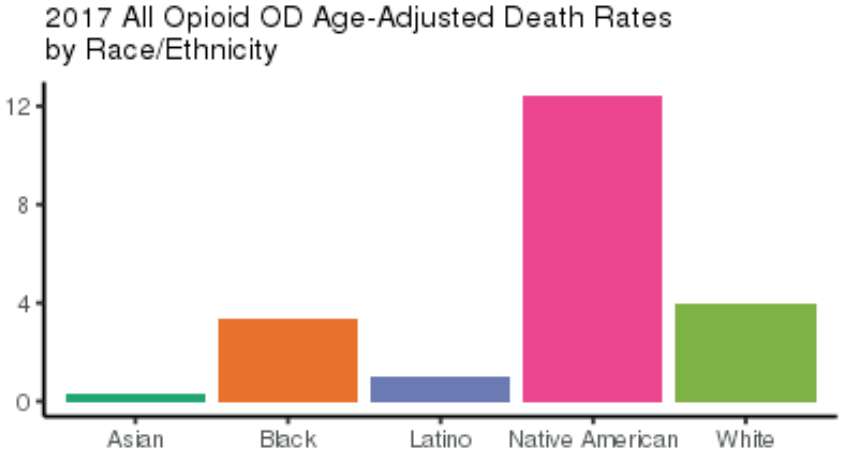








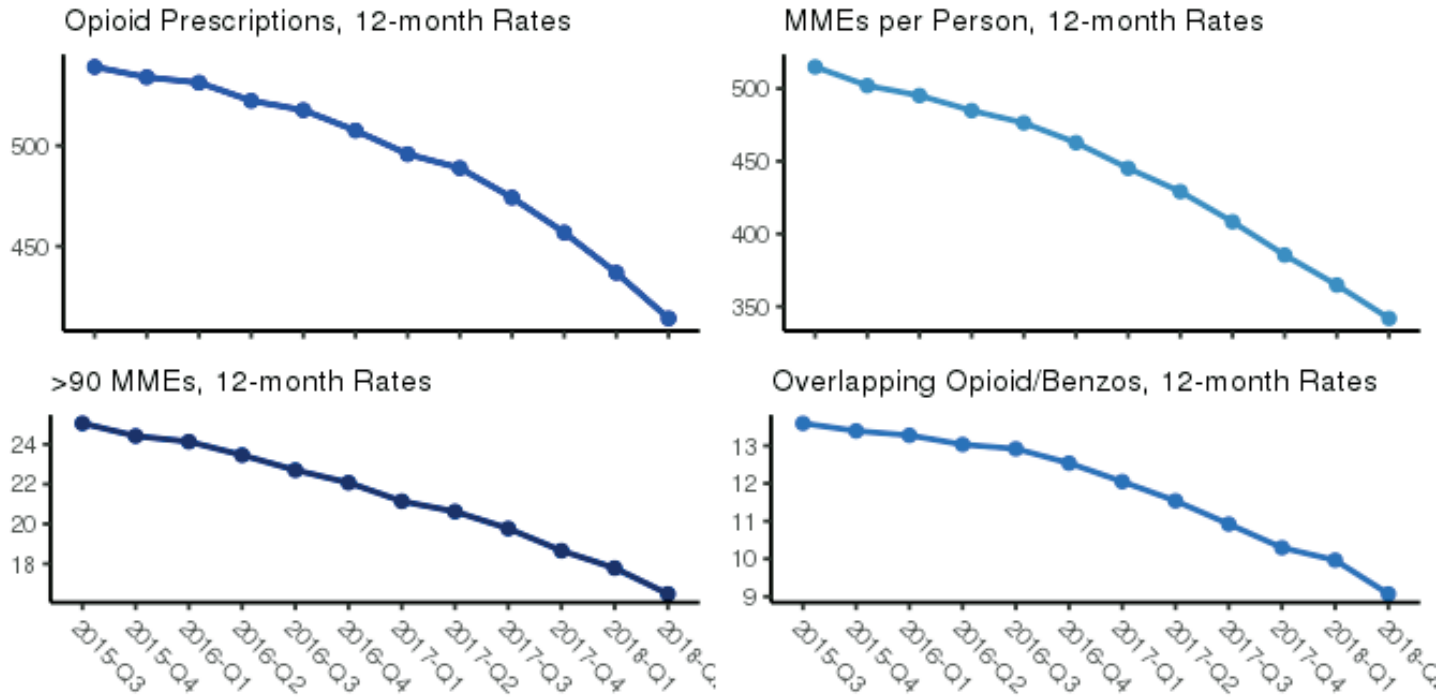




Footnotes: 12-month rates are based on moving averages; OD = Overdose; Qtrly = Annualized Quarter

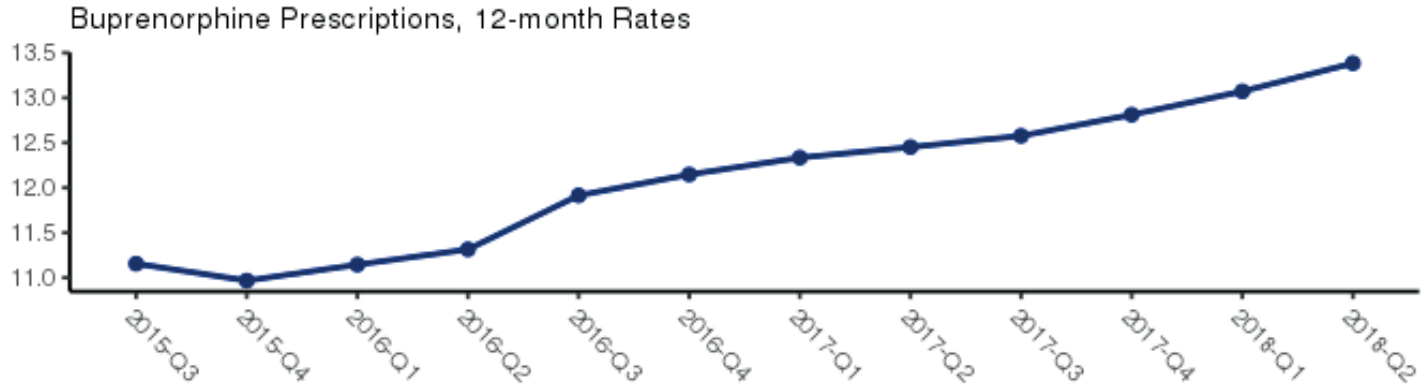
Prescribing

There were 759,873 prescriptions for opioids in Alameda in 2017, excluding buprenorphine. The annual prescribing rate during that period was 436.9 per 1,000 residents. This represents a 16% decrease in prescribing from 2015. The following charts present the annualized quarterly prescribing rates, MMEs (morphine milligram equivalents) per person per year, high dosage rate (i.e. greater than 90 Daily MMEs in the quarter), and the opioid/benzodiazepine overlap rate during 2017.



Treatment

Buprenorphine prescriptions in the county are used to gauge the expansion of medication-assisted treatment (MAT). The annual buprenorphine prescribing rate in 2017 was 13.1 per 1,000 residents. This represents a 16% increase in buprenorphine prescribing from 2015.



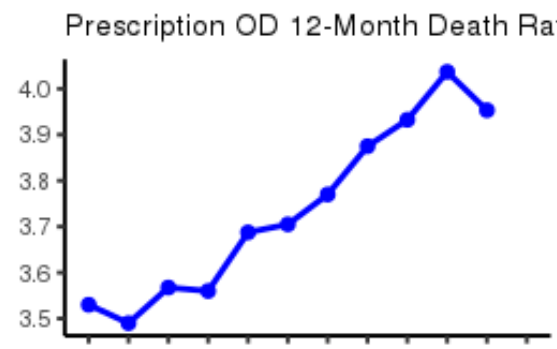
Footnotes: 12-month rates are based on moving averages; OD = Overdose; Qtrly = Annualized Quarter

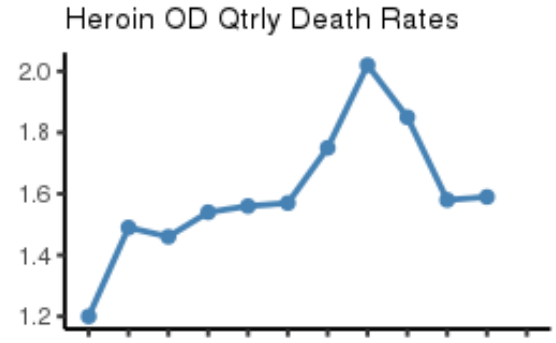
Prescription Drug Overdose Prevention Initiative

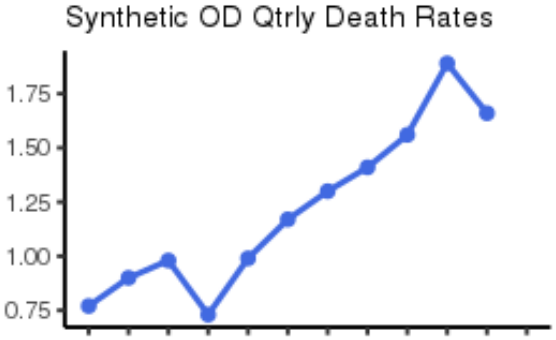
California Opioid Overdose Snapshot: 2015-Q4 to 2018-Q3

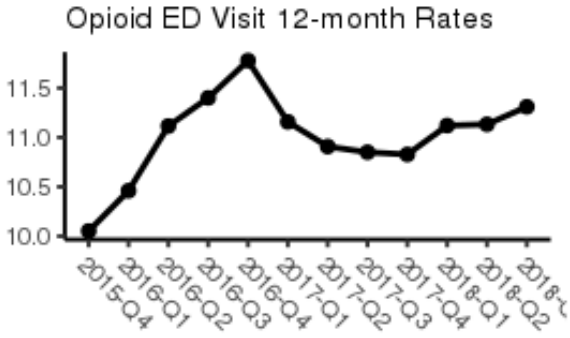
Report downloaded 03-13-2019

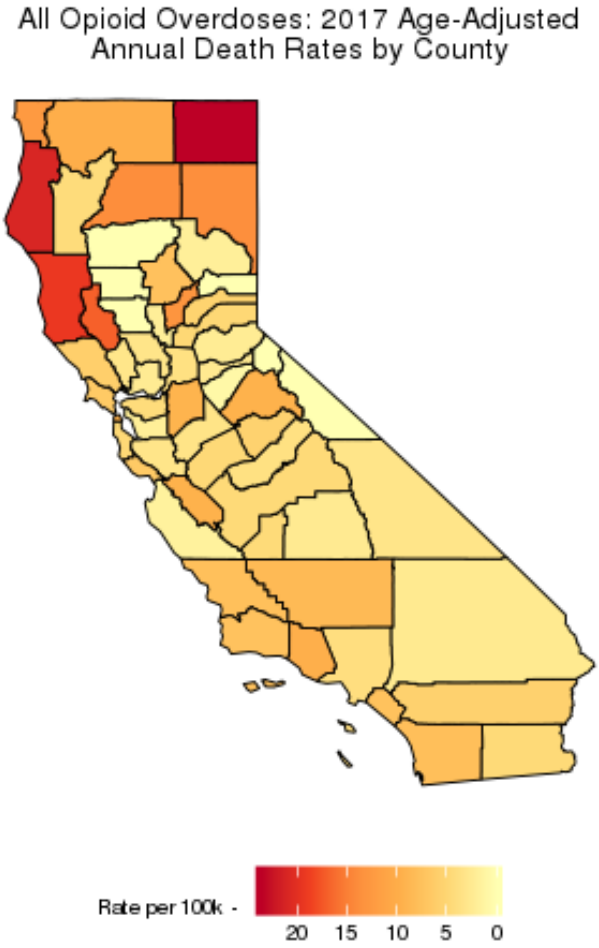
California experienced 2196 deaths due to all opioid-related overdoses in 2017, the most recent calendar year of data available. The annual crude mortality rate during that period was 5.5 per 100k residents. This represents a 9% increase from 2015. The following charts present 12-month moving averages and annualized quarterly rates for selected opioid indicators. The map displays the annual county level rates for all opioid-related overdoses. Synthetic overdose deaths may be largely represented by fentanyl.

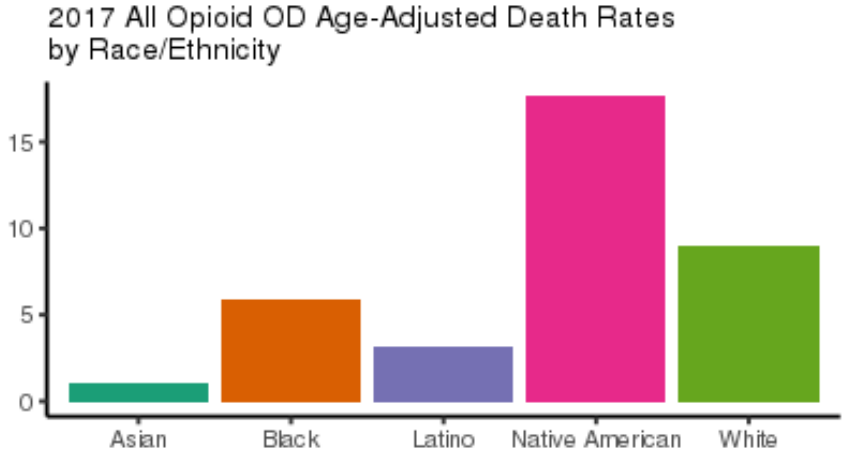








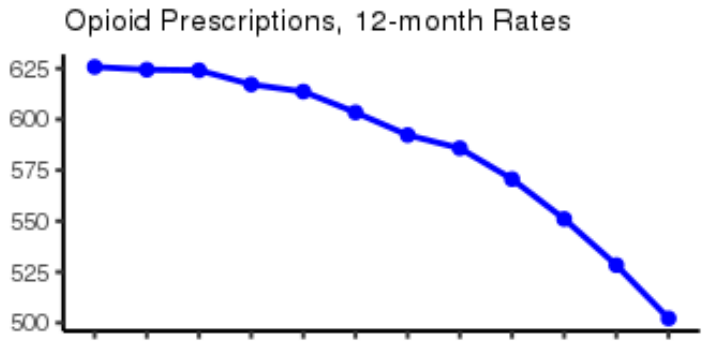


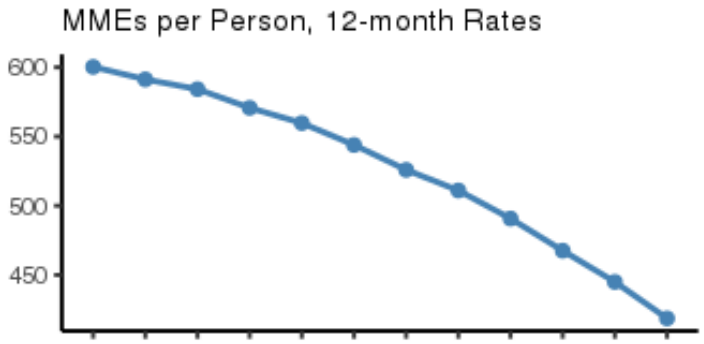


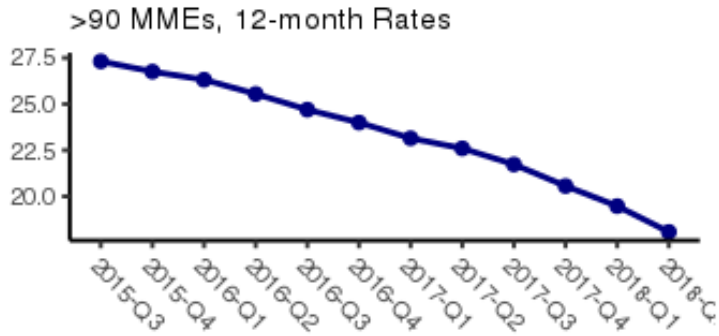
Footnotes: 12-month rates are based on moving averages; OD = Overdose; Qtrly = Annualized Quarter

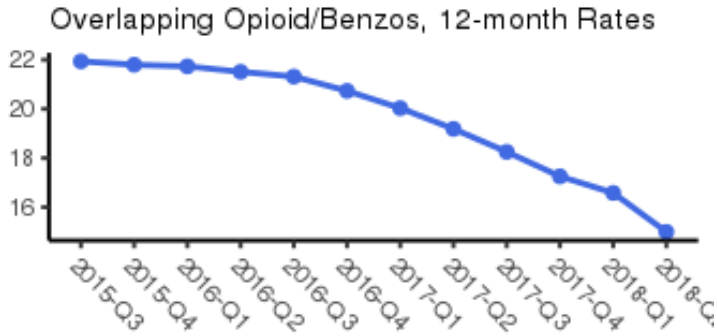
Prescribing

There were 21,787,042 prescriptions for opioids in California in 2017, excluding buprenorphine. The annual prescribing rate during that period was 528.4 per 1,000 residents. This represents a 15% decrease in prescribing from 2015. The following charts present the annualized quarterly prescribing rates, MMEs (morphine milligram equivalents) per person per year, high dosage rate (i.e. greater than 90 Daily MMEs in the quarter), and the opioid/benzodiazepine overlap rate during 2017.



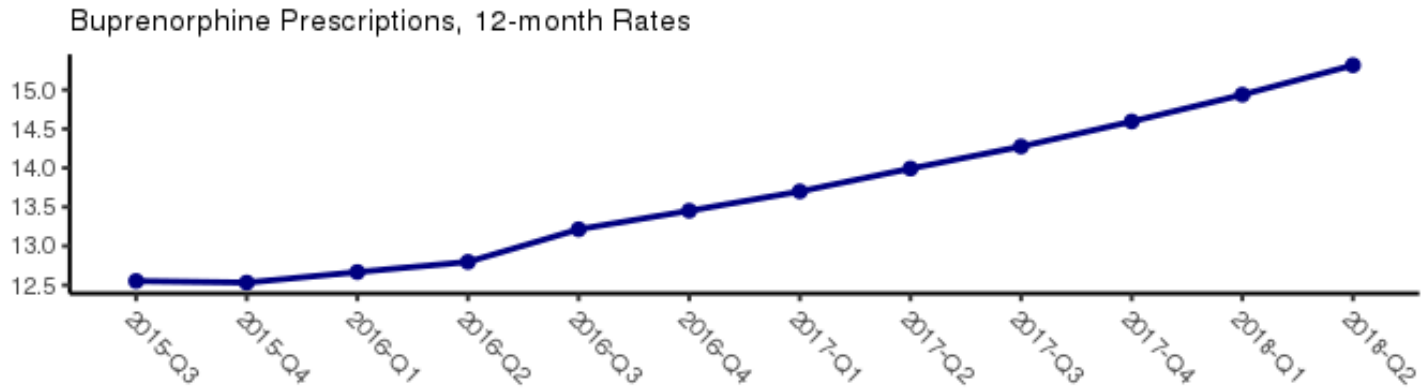






Treatment

Buprenorphine prescriptions in the state are used to gauge the expansion of medication-assisted treatment (MAT). The annual buprenorphine prescribing rate in 2017 was 14.9 per 1,000 residents. This represents a 18% increase in buprenorphine prescribing from 2015.

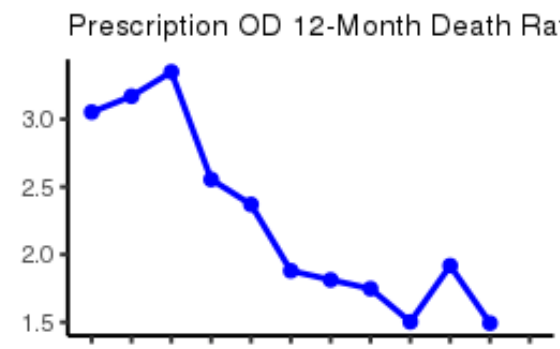


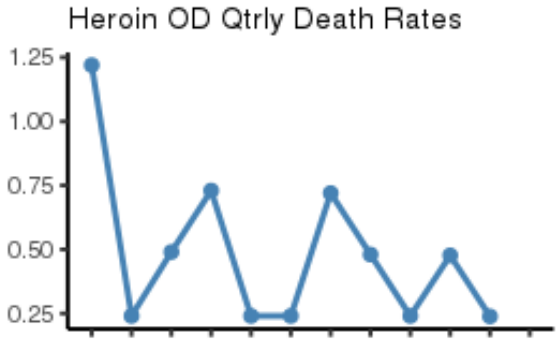
Footnotes: 12-month rates are based on moving averages; OD = Overdose; Qtrly = Annualized Quarter

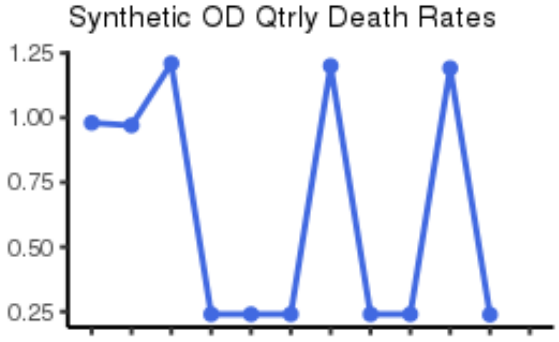
Alameda Opioid Overdose Snapshot: 2015-Q4 to 2018-Q3

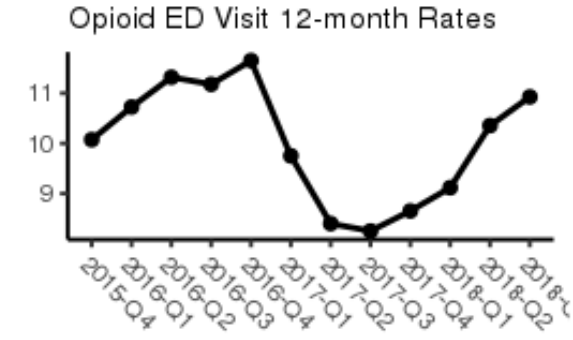
Report downloaded 03-13-2019

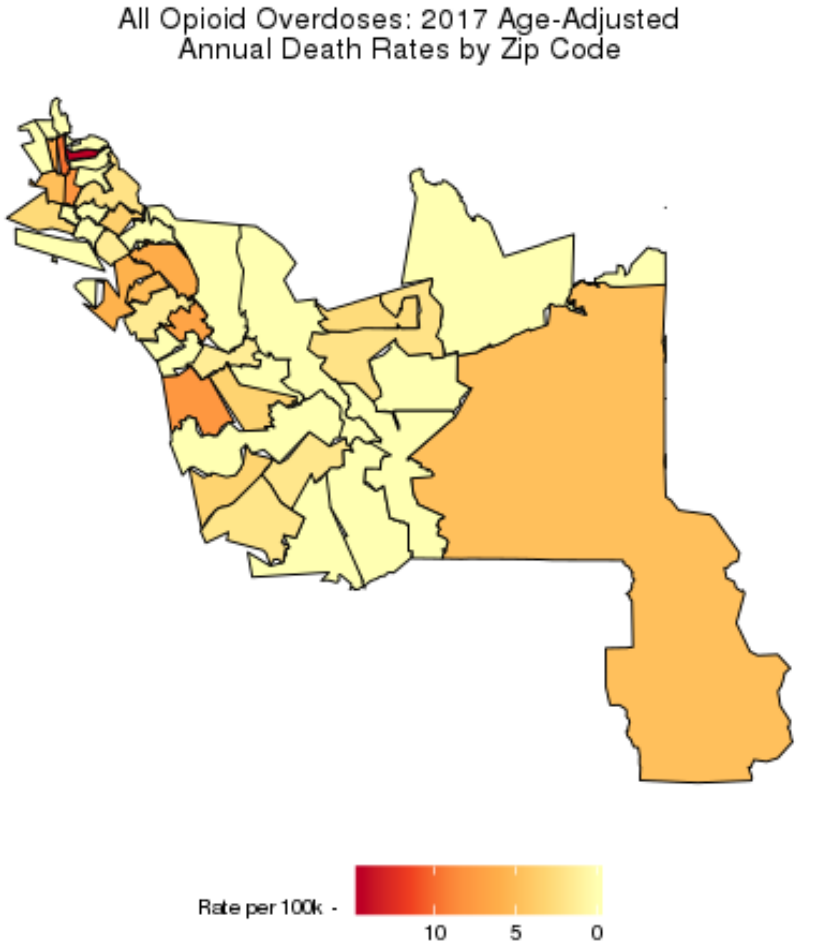
Alameda experienced 37 deaths due to all opioid-related overdoses in 2017, the most recent calendar year of data available. The annual crude mortality rate during that period was 2.2 per 100k residents. This represents a 38% decrease from 2015. The following charts present 12-month moving averages and annualized quarterly rates for selected opioid indicators. The map displays the annual zip code level rates for all opioid-related overdoses. Synthetic opioid overdose deaths may be largely represented by fentanyl.

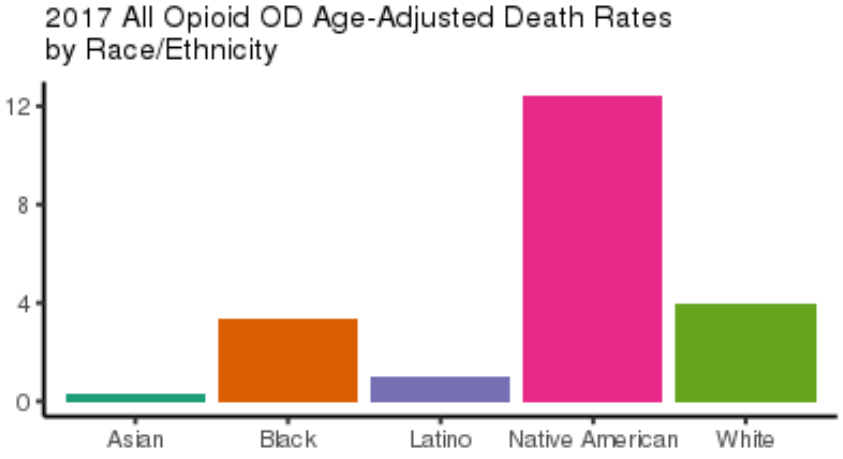












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Prescribing

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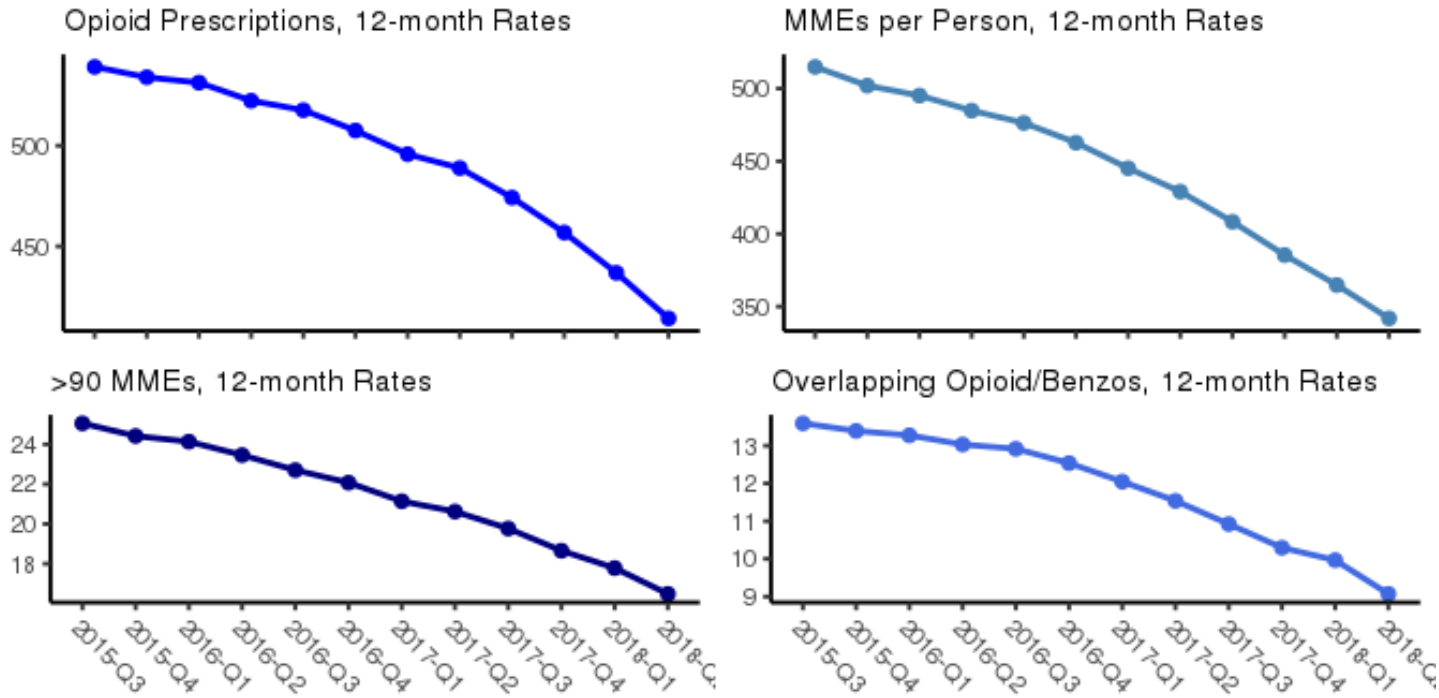

Treatment

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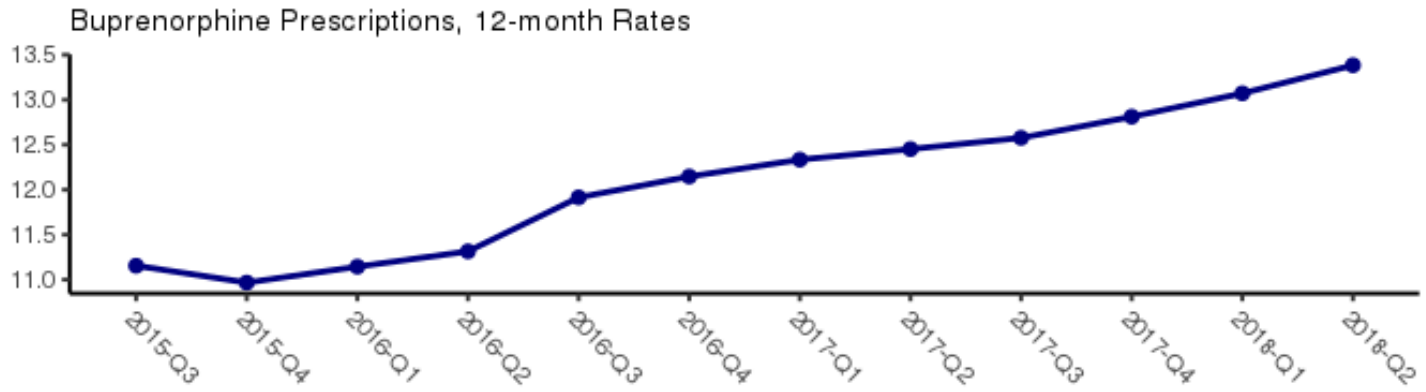

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Food as Medicine Program Comes to Oakland

Alameda Alliance for Health (Alliance) values our dedicated provider partner community. We are committed to continuously improving our provider and member customer satisfaction.

Do you have Alliance member patients that are managing congestive heart failure (CHF)? Could they benefit from receiving heart-healthy meals prepared and delivered daily to their home? There is a new program in town that helps Oakland Medi-Cal patients with CHF.

The Medi-Cal Medically Tailored Meals (MTM) Program is a statewide endeavor that was created by the California Food is Medicine Coalition with support from the California Department of Health Care Services (DHCS). Patients with CHF who enroll in this program will receive 12 weeks of medically-tailored meals and four (4) Medical Nutrition Therapy sessions with a Registered Dietitian from Project Open Hand (POH).

Alliance providers can refer their Alliance member patients who meet the program criteria. To learn more information about the program or to refer your patients, please visit **www.openhand.org/medically-tailored-meals**.

Patients that do not qualify for the MTM may be able to participate in the Wellness Program, which offers meals or groceries for pickup once a week in Oakland. For more information, please visit **www.openhand.org/get-meals/wellness-programs.**

Questions? Please call the Alliance Provider Services Department
Monday – Friday, 7:30 am – 5:00 pm
Phone Number: **1.510.747.4510**
www.alamedaalliance.org

Local Breastfeeding Resources

Alameda Alliance for Health (Alliance) values our dedicated provider partner community. We are committed to continuously improving our provider and member customer satisfaction.

The Alliance supports moms who breastfeed by providing educational materials, classes, breast pumps, and support groups. If you would like any of these resources to be mailed to your Alliance member patients, please fill out the Provider Wellness Request Form at **www.alamedaalliance.org/providers/health-education-and-wellness-resources**.

Your Alliance member patients also have access to consultants* to help with any breastfeeding questions or issues. For more information, please visit the Alliance website at **www.alamedaalliance.org/live-healthy/health-issues/breastfeeding.**

Additional Resources

For more places moms can get breastfeeding support, please visit the Alameda County Public Health Department (ACPHD) website at **www.acphd.org/acbreastfeeds.aspx**. ACPHD also has resources for hospitals and providers. You can sign up for the ACPHD Breastfeeds newsletter for monthly updates on events and programs by emailing **jeanne.kettles@acgov.org**.

* International Board Certified Lactation Consultants (IBCLC)

Questions? Please call Alliance Health Programs
Monday – Friday, 9 am – 5 pm
Phone Number: **1.510.747.4577**
www.alamedaalliance.org

CR, Revised 04/19

Tobacco Cessation Counseling and Tracking

Alameda Alliance for Health (Alliance) values our dedicated provider partner community. We are committed to continuously improving our provider and member customer satisfaction.

We would like to partner with you to help your Alliance member patients quit smoking. Tobacco cessation efforts work best when we ask, counsel, refer and track.

ASK and COUNSEL: Ask all of your patients about tobacco use during every visit. Providing support, medication, and counseling can increase the chances of success. For resources, please visit **www.alamedaalliance.org/providers/health-education-and-wellness-resources**.

Don't forget children! Second-hand smoke is dangerous for both kids and adults. Counsel parents on how to protect their children from exposure to smoke. For youth, e-cigarettes are the most common tobacco product.* Offer kids anticipatory guidance regarding e-cigarettes and smoking.

REFER: If your Alliance member patient is ready to quit, the following resources are available:

- Refer patients to the California Smokers' Helpline. The Helpline has specialized support for pregnant women, and youth. Online referrals can be found at **www.forms-nobutts.org/referral**.
- For group classes, please refer patients to Alliance Health Education Programs at **1.510.747.4577**.

TRACK: All providers should have a tobacco user identification system to track use and counseling. Below are a few ways to track:

- Record in the required Staying Healthy Assessment (SHA) or Alternate Individual Health Education and Behavioral Assessment (IHEBA), and in your electronic health record.
- Use ICD-10 codes for nicotine dependence.
- Use CPT codes for tobacco cessation counseling (99406 for up to 10 minutes and 99407 for greater than 10 minutes).

KEEP UP TO DATE: We encourage providers to participate in trainings for tobacco cessation treatments. For training resources, guidelines and best practices, please visit **www.alamedaalliance.org/providers/provider-training**.

*American Lung Association, Kids and Smoking. www.lung.org/stop-smoking/smoking-facts/kids-and-smoking.html

Questions? Please call Alliance Health Programs
Monday – Friday, 9 am – 5 pm
Phone Number: **1.510.747.4510**
www.alamedaalliance.org